

late of lime), are the only ones by which the method which is the subject of this paper has been tested. As statistics, they are not so numerous as to have importance. The fatal case, without an autopsy, a circumstance I greatly regretted, must pass for what it is worth. The other cases abundantly illustrate what this operation is able to accomplish in removing at once a large quantity of stone by the urethra, and demonstrate a tolerance by the bladder of protracted manipulation which has not hitherto been recognized.

ARTICLE XI.

CASE OF DISLOCATION OF THE HIP UPWARDS AND FORWARDS ON THE PUBES, OF TWENTY-SIX DAYS' STANDING, SUCCESSFULLY REDUCED: FOLLOWED BY COMPLETE RECOVERY. By M. H. HENRY, M.A., M.D., Surgeon-in-Chief of the State Emigrant Hospitals, Ward's Island, New York, etc. etc.

CASE.—Joseph P., Alsatian, aged 19, height six feet two and a half inches, well developed and muscular, admitted in the surgical division of the State Emigrant Hospital on the evening of the 17th of October, 1873. He furnishes the following history of his injury: On the 3d inst. he fell from a tree—a distance of eighteen or twenty feet—to the ground, striking, as he believes, first on his feet, then tumbling across a log, receiving a severe blow on or near the trochanter of the left side. He was taken home on a stretcher, but did not remain in bed beyond the second day. Being unable to perform any labour, he entered the hospital. He could, at this time, walk without much difficulty. From the description of his injury, which he gave on entering the hospital, it was thought by the house-surgeon to be little more than a severe contusion, and a careful examination was not made until several days after his entrance, when a dislocation of the head of the femur on the pubes was discovered.

The limb was shortened, but not to any great extent—scarcely an inch; slightly flexed, abducted, and everted. The head of the femur could be plainly seen, as well as felt, resting on the margin of the horizontal ramus of the pubes, on the outer side of the femoral vessels. There was some depression along the outer aspect of the thigh, and additional prominence over and in the region of the gluteal muscles. There was decided immobility of the limb—flexion being exceedingly limited and difficult.

Oct. 23d. The patient was placed under the influence of ether, and assisted by my friend, Dr. Thomas T. Sabine, and the resident staff of the hospital, I attempted reduction. The limb was very rigid, and the efforts at flexion, adduction, abduction, or circumduction, for a time met with very limited success. By continuing the movements, together with extension, the false adhesions, which were very complete and strong, were finally broken up. The mobility of the joint was somewhat increased, but, as the patient had then been under the influence of ether for some time, the rigidity of the surrounding parts being still very great, and from fear of exciting severe inflammation by further efforts at this time, it was deemed

advisable to allow the patient to recover from the effects of the steps thus far taken.

The patient was placed in bed, and ice-bags applied over the surface of the dislocated parts, and the limb well extended. He remained in the recumbent posture at perfect ease until Oct. 29, when I decided to make another attempt to reduce the dislocation. The injury was one of so much interest that I called the attention of my friends, Drs. Thomas M. Markoe, H. B. Sands, George A. Peters, Thomas T. Sabine, and A. B. Crosby, to the case, and they all very kindly came to my assistance. The patient was etherized and a number of expedients resorted to without any benefit, until the limb was strongly abducted and made to describe an arc of a circle on a level with the patient's body, a counter-force being exerted downward and outward by a strong broad band applied around the thigh close to the pelvis. The head of the bone was now moved firmly, steadily, and slowly downwards toward and into the thyroid foramen. The dislocation was then reduced by strong adduction, combined with extension, and the limb resumed its normal position, twenty-six days after the injury.

The patient was removed to his bed, and the limbs secured together by bandages. He was kept perfectly quiet. Cold applications were applied to the upper part of the thigh. On fully recovering from the effects of the ether he was very much depressed, and stimulants were given, and continued, to some extent, until his complete recovery.

30th. Patient passed a good night. The thigh is very much swollen and discoloured. There is but little pain. From this time the patient made a steady and gradual recovery. He was placed on a liberal diet, and at the end of two weeks from the time the dislocation was reduced, the limb assumed in all its aspects, while in a recumbent posture, a normal appearance.

Nov. 25th. Passive motion was commenced. The movements of the joint were restricted by what seemed to be an organized infiltration among the muscles. The restriction soon yielded to the daily efforts of motion, which were pursued for several weeks. In the early part of January, 1874, he could walk with perfect ease and comfort, and the only feature left to remind him of his injury was a slight awkwardness in assuming a sitting posture, which was due to the difficulty of controlling the required extent of flexion of the joints.

Jan. 24th; 1874. Patient was discharged cured, and went to South Carolina to do laborious work.

I regard this case as one of interest for many reasons, mainly, however, on account of the rarity of this form of dislocation and the time that elapsed from the period of the injury until the dislocation was reduced. There is also additional interest attached to the case from the difficulties experienced in the reduction, and the subsequent complete recovery. I should have published these particulars at an earlier day, had I not intended incorporating them in a more extended article on dislocations in the region of the pelvis. As my engagements have prevented me from pursuing my original intentions, I have deemed it advisable not to delay any longer its publication. It is, as far as I am aware, the only case of successful reduction of this form of dislocation after so long a period—twenty-

six days. Follin¹ states that there is no case on record of this form of luxation in which reduction has been effected beyond the eighth day. This was Bloxam's case, referred to by Holthouse,² published originally in the *Gazette Médicale*, 1833, p. 660. Much of the interest attached to my case lies in the complete recovery of the adjacent parts, for they were, without any doubt, very seriously impinged upon and subjected to some necessary violence in the efforts at reduction.

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ARTICLE XII.

EPITHELIOMA LARYNGIS; FINAL REMOVAL BY LARYNGO-THYROTOMY.

By S. H. CHAPMAN, A.M., M.D., of New Haven, Conn.

IN April, 1876, a lady, Mrs. A., was sent to me for diagnosis of an obscure affection of the air-passages. Twelve months previous to this, her first appearance, Mrs. A. began to suffer from cough and hoarseness, and tried change of climate for relief, but without benefit.

These symptoms increased steadily, and at the end of six months were supplemented by slight dyspnœa, which was followed, shortly after, by pain in the neck, at first slight and intermittent, but latterly continuous, severe, darting. This pain affected the right side of the neck more than the left. With the accession of pain came also another symptom, namely, a sense of fullness and stiffness about the neck, as if the muscles were swollen. During the month previous to her first visit, the cough had increased in severity and become paroxysmal in type, and the dyspnœa had so far increased as to render the patient uncomfortable and unable to exercise freely.

Once during this month, after a severe paroxysm of cough, a small hard nodule was dislodged from the throat, after which both cough and dyspnœa were considerably less. During the entire year of illness, beyond metrorrhagia of slight extent, the general health remained good.

Previous to this time the patient was in good health, had borne children, all of whom are living and healthy, the youngest being seven years old. Her age at time of first visit was 35 years; figure short, thickset, face florid, complexion clear and healthy. The chest was well-developed, and the lungs healthy; the neck was very short and thick; the respiratory act produced a slight oscillatory motion in the larynx. Pressure upon the larynx and sides of the neck produced no pain whatever. My questions were answered in a hoarse loud whisper, interrupted by a hard, short, dry cough.

Upon examination, the pharyngeal space seemed to be much contracted in size by a uniform infiltration of the pharyngeal walls, was sensitive and also painful to the touch. For this reason, although the tonsils were not

¹ *Pathologie Externe*, vol. iii. p. 360.

² *Injuries of the Lower Extremity*, Holmes's System of Surgery, 2d edition, vol. ii. p. 912.